



Medical Reengineering Initiative (MRI)

Newsletter, Volume I, Issue 1 - February 2004



Director's Corner

By LTC (P) Angel L. Lugo, MRI Program Director

Greetings! This is the first publication for the MRI Newsletter and I hope you find useful information contained herein. I plan to publish this Newsletter quarterly. It contains information on the MRI chartered responsibilities, MRI Program Status, MRI team and schedule, points of contact, and our website. Please call the points of contact if you have questions or comments.

What is MRI?

The MRI is a Force Design Update of the Echelons Above Division (EAD) and Echelons Above Corps (EAC) deployable medical units, consisting of ten medical functions in the Active Army, Army National Guard and the Army Reserves (AR).

MRI Program Implementation Office Mission

The chartered mission of the MRI Program Implementation Office is to provide Department of the Army staff oversight to the force integration efforts and program management functions of converting the Army's Echelons Above Division and Echelons Above Corps combat health support units from the Medical Force 2000 (MF2K) structure to the MRI Force Design Update, and to manage this conversion process in a manner that minimizes turbulence in the force, while maintaining unit readiness.

MRI and its Relationship to Army Transformation

The new MRI organizations are designed to meet the Army's changing patterns of operation, correct organizational deficiencies and support the vision of the Army Transformation. Some key characteristics of MRI units are: improved smaller, tailorable, independent, modular; capabilities-based organizational designs; organized for split-base operations; increased tactical mobility; improved

communications capability; and enhanced information management/information technology capabilities. MRI is The Surgeon General's most visible initiative in support of Army Transformation providing the organizational bridge to the Army Medical Department's (AMEDD's) Future Medical Force.

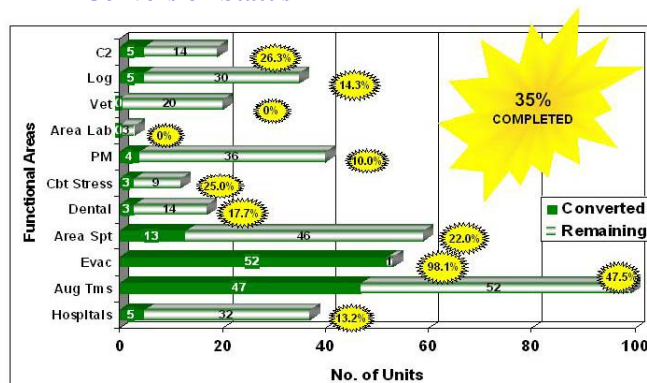
Where We Have Been – Activations/Conversion FY2000-FY2003 (FY02-FY03)

The first medical units converted to MRI in FY00. This major Army initiative commenced with the inactivation of medical units in FY98, which provided equipment to FY00 MRI units. By the end of FY 03, 134 units activated or converted under the MRI organizational structure. During the same time period 30 EAD/EAC medical units inactivated. The MRI force structure consists of 394 manned units that result from Total Army Analysis 2009 (TAA 09) resourcing decisions.

MRI Program Status

As of January 2004, 35% (137 of 394 units) of the MRI TAA09 Force Structure converted to MRI. The chart below depicts the total number of units in each of the 10 medical functional areas that have activated/converted to MRI.

MRI Conversion Status



Where We Are Going – Activations/Conversions FY04-05

The current MRI schedule includes 20 activations and 15 conversions in FY04, and 27 activations and 21 conversions in FY05. Fiscal Year 2004 marks the beginning of the accelerated conversion of the remaining eight US Army Forces Command hospitals and the 25 AR hospitals along with 49 Minimal Care Detachments.

MRI Conversion Metrics

The goal is to meet or exceed the DA standards for readiness when activating or converting a unit to MRI. The MRI Program Implementation Office (MRIPIO), in coordination with the Major Command (MACOM) Organizational Integrator (OI), coordinates force validation reviews of units in the one and two year prior to Effective Date (EDATE) windows for activation/conversion to get an overall assessment of the unit. The assessment is based on the status of actions pertaining to the nine pillars of force integration, which includes structuring, equipping, training, manning, sustaining, deploying, stationing, funding and readiness.

MRI Army Reserve Notes

By Colonel Allen Schmidt, MRI Coordinator

MRI is no longer a future issue for the AMEDD Army Reserve units. Fifty units will convert or activate in FY04 and FY05. What does that mean for unit leaders? It means that along with all the turbulence caused by Soldier Readiness Processing, mobilization, deployment, and cross-leveling, units will “transform while at war”. There are many organizations that have lined up to assist in the process, but there are tasks that must be completed at the unit and command and control level that are time sensitive and will determine your ability to minimize turbulence and maintain readiness. Determining your military occupational specialty shortfalls at least one year ahead of schedule allows you to notify recruiters and Retention Division NCOs of your shortages. It also identifies the surplus soldiers who can be retrained and reclassified to fit unit vacancies or who need to be

assisted in finding another unit of assignment. If your unit is within the two-year window, take the time to look at the requirements. Contact the MRI team Points of Contact. We are committed to assisting in the conversion process from start to finish.

The MACOM/MRI Unit Assistance Team

The MACOM OI leads the MACOM/MRI Assistance Team. Other team members include representatives from the MRIPIO, AMEDD Center and School's (AMEDDC&S'S) New Organization Training (NOT) Branch, US Army Medical Materiel Agency (USAMMA), Medical Communications for Combat Casualty Care (MC4) and Sierra Army Depot. Unit visits are scheduled two years and one year prior to the EDATE of MRI activation/conversion. Team members brief the units on the current status of actions in their functional areas and how to assist them on activating/converting to MRI at DA standards for readiness. The team conducts unit property book scrubs and addresses personnel and other concerns while onsite.

Besides the two visits to units, the MRIPIO desires that units visit our office at Fort Belvoir, VA. In the past the senior staff of Intermediate Headquarters (i.e. Medical Brigades and Medical Battalions) visited our office to get one on one assistance from our Subject Matter Experts in Personnel, Documentation, Logistics or Operations. Also, if TDY funds are not available, we have the capability of Video Teleconferencing (VTC) (our own dedicated facility) with a VTC site at your location.

The NOT Team gives an overview briefing. The NOT is normally conducted six months prior to or six months after EDATE. The NOT Team will accommodate units that request earlier briefings to better facilitate structural changes within units.

Activities 2nd Quarter (2QTR) FY04

Several activities were scheduled for 2QTRFY04 regarding MACOM/MRI visits, NOT training, and USAMMA fielding as indicated below:

MACOM/MRI Visits

Date	Unit	Location	Remarks
5-6 Feb 04	312th Fld Hosp	Greensboro, NC	Completed
6-7 Feb 04	1065th ASMC	Salinas, PR	Completed
25-Feb-04	144th ASMC	West Jordan, UT	Confirmed
29-Mar-04	814th ASMD	Bismarck, ND	Confirmed

New Organization Training

Date	Unit	Location	Remarks
24-Jan-04	313th Grd Amb Co	Lincoln, NE	Completed
24-26 Jan 04	396th CSH	Vancouver, WA	Completed
6-7 Feb 04	708th Grd Amb Co	Chicago, IL	Confirmed
6-8 Feb 04	801st CSH	Ft. Sheridan, IL	Confirmed
7-Feb-04	134th Grd Amb Co	Washington, IA	Confirmed
7-Feb-04	128th Grd Amb Co	Ashland, AL	Confirmed
12-14 Feb 04	328th CSH	Salt Lake City, UT	Confirmed
20-21 Feb 04	1872nd Hd & Nk Tm	Garden Grove, CA	Confirmed
25-26 Feb 04	144th ASMC	West Jordan, UT	Confirmed
28-29 Feb 04	305th MCD	Joplin, MO	Confirmed
28-29 Feb 04	814th ASMD	Bismarck, ND	Confirmed
3-Mar-04	399th CSH	Taunton, MA	Confirmed
3-Mar-04	338th MCD	Taunton, MA	Confirmed
5-6 Mar 04	48th CSH	Ft. Meade, MD	Confirmed

POCs at AMEDDC&S, Department of Training Support:

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USAMMA Fieldings

Date	Unit	Location	Remarks
2-12 Feb 04	10th CSH	Ft. Carson, CO	Confirmed
4-10 Feb 04	399th CSH	Worcester, MA	MEET Only
1 - 3 Mar 04	312th Med Log Co	Seagoville, TX	Ship short - TMDE Only
2 - 9 Mar 04	801st CSH	Ft. Sheridan, IL	MEET - HHD&164 Bed Co
18 - 23 Mar 04	801st CSH	Indianapolis, IN	MEET - 84 Bed Co
3 - 13 Mar 04	48th CSH	Ft. Meade, MD	MEET Only
31 Mar - 5 Apr 04	256th CSH	Brooklyn, OH	MEET - 84 Bed Co

POC at USAMMA, Fielding Support Div: MAJ Pat Tavella, Tel: DSN 343-4364, Commercial 619 Patrick.Tavella@DET.AMEDD.ARMY.MIL

Future Newsletter Topics

- Website tools (KCC site for MRI, WEBTAADS, LIDB etc.)
- New Organization Training (NOT)
- How we program resources for MRI (materiel, funding)
- MRI lessons learned

Give Us Your Feedback

We hope that this first publication of the MRI Newsletter provided useful information to you about the MRI Program. Please provide us your feedback on this issue and topics you desire to see in future MRI Newsletters. Also, refer to the MRI Points of Contact and our Website URL for additional information.

MRI Points of Contact

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MRI Website

The URL for the website is:
<http://mrmedforce.belvoir.army.mil>